

Washington State Gambling Commission

AUTHORIZATION FOR EXAMINATION AND RELEASE OF INFORMATION

I, _____, do hereby authorize a review, full disclosure and release of any and all records concerning myself to any duly authorized officer, agent, or employee of the Washington State Gambling Commission whether the records are of a public, private, or confidential nature with the following understandings:

1. The information reviewed, disclosed, or released may be used by the state of Washington to determine whether to issue a license / certification to:

_____ dba _____ and for any other lawful purpose.

2. I release the providers and users of the information collected pursuant to this authorization from any liability under state or federal privacy laws and further release the state of Washington, its officers, agents, and employees from any liability which may be incurred as a result of the collections and use of the information.
3. If this authorization is not sufficient to obtain access to certain records, it is understood that I may be requested to execute some other appropriate authorization or release, and that any failure to do so may be taken into consideration by the Washington State Gambling Commission in its review of license applications.
4. I understand that I may revoke this authorization in writing at *any* time and the Washington State Gambling Commission may take any such revocation of this authorization into consideration in its review of the license application.
5. A photocopy of this authorization will have the same force and effect as the original.

Date

Applicant's Signature

Applicant's Name (Print)

Initials

Notary Public